

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20806

Registration District No. 3A Registered No. 231

(For use of Local Registrar)

(No. 220 W. Market St.; 4 Ward)(2) Full Name of Child Charles B. Young Jr.

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 9, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Charles B. Young9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 27 (Years)12) BIRTHPLACE Anderson, S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Marguerite L. Fisher15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 20 (Years)18) BIRTHPLACE Anderson, S.C.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:49 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) F. B. CRAYTON, Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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